

GENERAL TESTIMONY

Petitioner IV-D Case: ☐ TANF
☐ IV-E Foster Care
☐ Medicaid Only
☐ Former Assistance
Respondent ☐ Never Assistance

Non-IV-D Case: ☐

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Tribunal No. _____ Initiating Tribunal No. _____

Petitioner is: ☐ Obligee ☐ Caretaker Other than Parent
☐ Obligor ☐ Foster Care

Respondent is: ☐ Obligee ☐ Caretaker Other than Parent
☐ Obligor ☐ Foster Care

_____ being duly sworn, under penalties of perjury, testifies as follows:
Name (First, Middle, Last)

I. Personal Information About Child(ren)'s Mother ☐ See Section X

A.1. Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last: including nickname, alias)			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)		5. Social Security Number	6. Date of Birth
		7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)		10(a). Occupation, Trade or Profession	
		10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$		12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)			

B. Physical Description of Child(ren)'s Mother (Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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C. Present Marital Status of Child(ren)'s Mother

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated 7. <input type="checkbox"/> Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Mother

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?

☐ Yes ☐ No ☐ Unknown (If Yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

II. Personal Information About Child(ren)'s Father ☐ See Section X

A.1. Father is: <input type="checkbox"/> Obligatee <input type="checkbox"/> Obligor	2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; including nickname, alias)		
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

B. Physical Description of Child(ren)'s Father (Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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Initiating IV-D Case No. _____

C. Present Marital Status of Child(ren)'s Father

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated 7. <input type="checkbox"/> Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Father

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$ _____

E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?☐ Yes ☐ No ☐ Unknown (If Yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

III. Personal Information About Caretaker Other Than Parent ☐ See Section X

1. Caretaker's Relation to Child is:	2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last: including nickname, alias)			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone ()	9. Work Phone ()	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)	11(a). Occupation, Trade or Profession		
	11(b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings \$ _____	13. Other Monthly Income (& source) \$ _____		
14. Date Child(ren) Began Residing With Caretaker			

IV. Legal Relationship of Parents ☐ See Section X

1. ☐ Never married to each other 2. ☐ Married on _____ Date _____ in _____ County/State
3. ☐ Married by common law for the period _____ Dates _____ in _____ County/State
4. ☐ Separated on _____ Date _____ 5. ☐ Divorced on _____ Date _____ in _____ County/State
6. ☐ Legally separated on _____ Date _____ in _____ County/State
7. ☐ Divorce pending in _____ County/State 8. ☐ Support Order Entered on _____ Date _____
9. ☐ No support order 10. ☐ Other _____
11. Tribunal & Location (Divorce, Legal Separation, Support Order): _____

V. Dependent Child(ren) in this Action ☐ See Section X

A. List obligor's (named on page 1 of this form) child(ren) only.

☐ Nondisclosure Finding Attached

1.	a. Full Name (First, Mid, Last)		f. Paternity Established?
	b. Address		[] Yes [] No
			g. Support Order Established?
	c. Social Security Number		h. Living with Petitioner?
	d. Sex	e. Date of Birth	[] Yes [] No

2.	a. Full Name (First, Mid, Last)		f. Paternity Established?
	b. Address		[] Yes [] No
			g. Support Order Established?
	c. Social Security Number		h. Living with Petitioner?
	d. Sex	e. Date of Birth	[] Yes [] No

3.	a. Full Name (First, Mid, Last)		f. Paternity Established?
	b. Address		[] Yes [] No
			g. Support Order Established?
	c. Social Security Number		h. Living with Petitioner?
	d. Sex	e. Date of Birth	[] Yes [] No

4. a. Full Name (First, Mid, Last)		f. Paternity Established?
b. Address		<input type="checkbox"/> Yes <input type="checkbox"/> No
		g. Support Order Established?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Social Security Number		h. Living with Petitioner?
d. Sex	e. Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. The child(ren) began residing in _____ on _____.

State Month/Year

VI. Medical Insurance ☐ See Section X

1. Is obligor required by a child support order to provide medical insurance for the child(ren)? ☐ Yes ☐ No

2. Is obligor required by a child support order to provide medical insurance for the obligee? ☐ Yes ☐ No

3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee	
Obligee	<input type="checkbox"/>	<input type="checkbox"/>	Obligee's Insurance Company:
Obligor	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Obligor's Insurance Company:
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Obligor's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Other Insurance Company:
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: \$ _____
(If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: \$ _____

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer? ☐ Yes ☐ No ☐ Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance? ☐ Yes ☐ No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

8. Is the obligee asking to be reimbursed for medical coverage by obligor? ☐ Yes ☐ No ☐ Unknown

VII. Support Order and Payment Information ☐ See Section X1. Does a support order exist? (If "No," skip to page 7.) ☐ Yes ☐ No2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order? ☐ Yes ☐ No If "Yes", Identify Period of Residency:

From:

Thru:

3. If a modification is being requested, indicate the basis for the request below:

- ☐ The earnings of the obligor have substantially increased or decreased.
☐ The earnings of the obligee have substantially increased or decreased.
☐ The needs of a party or of the child(ren) have substantially increased or decreased.
☐ Other, Explain _____

4. Describe all current support orders (include all pertinent orders and modifications). NOTE: If more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ as of (date)		Total Arrears \$ as of (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ as of (date)		Total Arrears \$ as of (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ as of (date)		Total Arrears \$ as of (date)		
Tribunal's Name & Address				

5. Unpaid Medical Cost Reimbursement \$ _____ as of _____ Date _____
(attach documentation)

6. Other Unpaid Costs and Fees \$ _____ as of _____ Date _____

Explain: _____

7. Direct Payments to Oblige: ☐ Affidavit from Oblige Attached ☐ No Direct Payments Received

8. Obligor's support payment history:

☐ Certified copy of tribunal/agency payment history is attached. (Skip to page 7)☐ Payment history provided on page 6a.☐ N.A.; responding State does not require. (Skip to page 7)

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:
------------------------	--

Initiating IV-D Case No.

Obligor's Payment History

Adjudicated Arrears \$_____ as of _____

Date of Order

Year: _____

Year: _____

	Amount Due	Amount Paid	Balance
Jan.			
Feb.			
Mar.			
Apr.			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
TOTAL			

[illegible]

Year: _____

Year: _____

	Amount Due	Amount Paid	Balance
Jan.			
Feb.			
Mar.			
Apr.			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
TOTAL			

[illegible]

Total of Adjudicated and Accrued Arrears \$ _____ as of _____ Date

Date

Name/Title, Agency or Tribunal

Signature _____

Sworn to and Signed before me
this Date, County, State

Notary Public, Tribunal/Agency
Official and Title

Commission Expires

VIII. TANF/Foster Care/Medical Assistance Status ☐ See Section X

[If no TANF/Foster Care/Medical Assistance benefits were paid, skip to Section IX.]

1. Period during which TANF/Foster Care was paid:

From: _____ / _____ To: _____ / _____ by: _____
First Month Year Last Month Year State2. Total amount of TANF/Foster Care paid: \$ _____ as of _____
Date3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ _____
by: _____
Agency or Person**IX. Financial Information** ☐ See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed? ☐ Yes; occupation: _____ ☐ No; income source: _____2. Gross Monthly Income Amounts: Petitioner Current Spouse/Partner Obligor's Dependent(s)

a) Public Assistance

i) SSI \$ _____ \$ _____ \$ _____
ii) Family Assistance \$ _____ \$ _____ \$ _____
iii) Other \$ _____ \$ _____ \$ _____

b) Base pay salary, wages \$ _____ \$ _____ \$ _____

c) Overtime, commissions, tips, bonuses, parttime \$ _____ \$ _____ \$ _____

d) Unemployment compensation \$ _____ \$ _____ \$ _____

e) Worker's compensation \$ _____ \$ _____ \$ _____

f) Social Security Disability \$ _____ \$ _____ \$ _____

g) Social Security Retirement \$ _____ \$ _____ \$ _____

h) Dividends and interest \$ _____ \$ _____ \$ _____

i) Trust/Annuity Income \$ _____ \$ _____ \$ _____

j) Pensions, retirement \$ _____ \$ _____ \$ _____

k) Child support \$ _____ \$ _____ \$ _____

l) Spousal support/alimony \$ _____ \$ _____ \$ _____

m) All other sources \$ _____ \$ _____ \$ _____

Explain "other sources": _____

3. **Total Gross Monthly**
(lines "2a" through "2m") \$ _____ \$ _____ \$ _____

4. Deductions From Gross

a) Federal Income Tax \$ _____ \$ _____ \$ _____

b) State Income Tax \$ _____ \$ _____ \$ _____

c) Local Tax \$ _____ \$ _____ \$ _____

d) F.I.C.A. \$ _____ \$ _____ \$ _____

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
5. Adjusted Net Monthly: (lines "3" minus lines "4a through 4d") \$ _____		\$ _____	\$ _____
6. Other Deductions			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify) _____	\$ _____	\$ _____	\$ _____
7. Net Monthly Income (line 5 minus lines "6a through 6g") \$ _____		\$ _____	\$ _____
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

Attach three most recent paystubs from each current employer for all parties shown.

B. Monthly Expenses:

	<u>Petitioner</u>	<u>Obligor's Dependent(s)</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider: _____		
Frequency: _____ Per: _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Other; Explain: _____	\$ _____	\$ _____
Total Monthly Expenses (lines 1 through 21)	\$ _____	\$ _____

C. Assets:

1) Real Estate

Address			

Owner(s)			

Title			
\$ _____	minus	\$ _____	= \$ _____
Assessed Value		Mortgage(s)	

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

_____	\$ _____
Institution or Plan name and Account Number	
_____	\$ _____
Institution or Plan name and Account Number	

3) Tax Deferred Annuity Plan(s)

\$ _____

4) Life Insurance: Present Cash Value

\$ _____

5) Savings & Checking Accounts, Money Market Accounts & CDs

_____	\$ _____
Institution Name and Account Number	
_____	\$ _____
Institution Name and Account Number	

6) Automobiles/Vehicles

_____	_____	_____	\$ _____	minus	\$ _____	=	\$ _____
Make	Model	Year	Estimated Value		Loan Balance		
_____	_____	_____	\$ _____	minus	\$ _____	=	\$ _____
Make	Model	Year	Estimated Value		Loan Balance		
_____	_____	_____	\$ _____	minus	\$ _____	=	\$ _____
Make	Model	Year	Estimated Value		Loan Balance		

7) Other (e.g., Personal Property, Securities, etc). Describe:

_____	\$ _____
_____	\$ _____

Total Assets (lines 1 through 7)

\$ _____

X. Other Pertinent Information (Attach additional sheets if necessary).**XI. Verification**

☐ Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

☐ Copy of the certified child support payment records.

☐ Copies of three most recent paystubs from current employer.

☐ Copies of bills for prenatal, postnatal and general health care of mother and child.

☐ Assignment or subrogation of support rights.

☐ "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

☐ Copy of child(ren)'s birth certificate(s).

☐ Acknowledgment of parentage.

☐ Other: _____

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

_____ Date	_____ Petitioner (Name/Title)	_____ Signature
_____ Date	_____ Agency Representative (Name/Title)	_____ Signature
Sworn to and Signed Before me This Date County/State	_____ Notary Public, Tribunal/Agency Official and Title	_____ Commission Expires